

1. NAME AND ADDRESS OF APPLICANT	2. APPLICATION NO.	<b>FSA-373</b> (08-19-96) <div style="text-align: right;"> <b>U.S. DEPARTMENT OF AGRICULTURE</b>          Farm Service Agency       </div> <div style="text-align: center; margin-top: 10px;"> <b>APPLICATION FOR INDEMNITY PAYMENT</b>  <i>(See reverse for Privacy Act Statement)</i> </div>
		3. DATE RECEIVED IN COUNTY OFFICE

**PART A - MILK PRODUCER**

4. NUMBER OF COWS MILKED				5. QUESTIONS FOR PRODUCER		CHECK ONE	
BASE PERIOD		CLAIM PERIOD		Name of contaminating substance:  _____		YES	NO
DATES	NO. COWS	DATES	NO. COWS				
A		C		Did you use the substance on your farm in the past 24 months?			
		D		If yes, was it used according to instructions on the label?			
B		E		<b>Contaminated Facility</b>			
		F		Did you have a feed storage facility or dairy barn constructed?			
Avg. of A & B		G		If yes, please provide a copy of the contract or agreement.			
				<b>Contaminated Cows</b>			
<i>The undersigned producer hereby certifies that the data entered in Part A are true and correct to the best of my knowledge and belief and I hereby request a milk indemnity payment for the application period indicated below.</i>				Did you purchase any cows recently?			
				If yes, did you receive a certificate of purity from the seller of the cows?			
6. APPLICATION PERIOD (Dates removed from the reinstated to market)				Did you know or have reason to believe that such cows were carrying residues of a harmful substance?			
				<b>Contaminated Feeds</b>			
7. SIGNATURE OF PRODUCER		DATE		Did you purchase feed that could have caused this contamination?			
				If yes, did you receive a certificate of purity from the seller of the feed?			
				Did you know or have reason to believe that the contaminated feed contained a harmful substance?			

**PART B - MILK HANDLER**

INSTRUCTIONS FOR MILK HANDLER		PAY PERIOD DATES	FARM PRICE ¢/LB.	MILK MKTED. LBS.	NO. DAYS	B.F. %
Enter data for base period (lines A & B) including beginning and ending dates. Enter for each pay period, average price paid (excluding hauling charges and any other marketing costs incurred) pounds of milk marketed, number of days, average butterfat content. Also enter on lines C through G, prices paid other producers for milk (with butterfat content equal to that delivered by the applicant during base period) while applicant was off the market.						
NAME AND ADDRESS OF COMPANY		A				
		B				
		C		TOTAL LBS.	TOTAL DAYS	AVG. %
		D				
		<i>This certifies that the information to the right was obtained from our records and to the best of my knowledge and belief is true and correct.</i>		E		
F						
G						
SIGNATURE AND TITLE OF MILK HANDLER		DATE				

**PART C - COUNTY OFFICE**

PAY PERIOD	DAYS OFF MARKET (1)	COWS MILKED (2)	BASE PROD. LBS/COW/DAY (3)	CALCULATED PRODUCTION (4)	FARM PRICE (5)	PAYMENT DUE (6)
C	X	X	=	X	=	
D	X	X	=	X	=	
E	X	X	=	X	=	
F	X	X	=	X	=	
G	X	X	=	X	=	
<b>TOTAL PAYMENT DUE</b> ➤						
Non-refundable payments advanced to farmer for milk removed						
Set-off						
Balance due applicant						
<b>APPROVED FOR PAYMENT</b>		SIGNATURE OF COUNTY OFFICE OFFICIAL				DATE

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. This program which was originally authorized by the Economic Opportunity Act of 1964, as amended by the Food, Agriculture, Conservation, and Trade Act of 1990, is contingent upon the appropriation of funds. These appropriated funds and 7 C.F.R. Part 760 authorizes collection of the data. Furnishing the requested information is voluntary; however, without it assistance cannot be provided. The information will be used to determine eligibility for program benefits. Failure to furnish the requested information will result in ineligibility for payment. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 U.S.C. 286, 287, 371, 651, 1001; 15 U.S.C. 714m; and 31 U.S.C. 3729, may be applicable to the information provided.*

*Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM (OMB No. 0560-0116), STOP 7630, Washington, D.C. 20250-7630. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***